



# HELPING YOU CARE FOR WHAT MATTERS MOST

**A guide to your Williamson County  
benefit plan options.**

**Plan year: 01/01/2018 - 12/31/2018**

**Together, all the way.®**





# Ways to get to better health

Cigna wants to help you choose benefits that fits your needs and help keep you healthy.

This year, **Williamson County** offers you the following health plans:

- › **Open Access Plus (OAP) Deductible Plan**
- › **Open Access Plus (OAP) Deductible Plan with Health Savings Account (HSA)**
- › **LocalPlus® IN, Deductible Plan**
- › **LocalPlus® IN, Deductible Plan with Health Savings Account (HSA)**

Cigna-administered health plans offer the coverage, tools and resources you need to help you better manage your health – and health spending.

- Cost savings when using in-network providers.
- Get rewards for taking part in programs that will help you improve your health.
- Choose from a large list of covered brand and generic medications.
- Access to board-certified doctors by phone or online video through telehealth.
- Ways to compare costs, look at claims, search for health care providers, and more using myCigna – online or through the myCigna<sup>SM</sup> App.

At Cigna, we want to partner with you and support you on your health journey. We'll be there for you, every step of the way, so you don't have to go it alone.

## **Health care reform: Meeting the requirements.**

Coverage under your employer-sponsored health plan satisfies the health care reform requirement to maintain "minimum essential coverage" under the "individual mandate" provision of the Affordable Care Act. While there may be changes in this requirement, it is likely that Americans will still need to report health coverage during the IRS tax season.\*

Each year, Cigna, or your employer, will mail you an IRS Form 1095 confirming the coverage you were offered and any coverage you and any dependents may have had during the prior calendar year. The form should be kept with your tax records for audit purposes, and not filed with your income tax return.

**Please read all of the information in this brochure. Health plans may work differently, so it's important to use this along with your other enrollment materials as a guide to how your health plans work.**

\* Health care reform information last updated in May 2017. With possible "repeal and replace" legislation pending, please check [InformedOnReform.com](http://InformedOnReform.com) for any updates about individual and/or employer requirements under the law.

**Call the preenrollment hotline at 800.401.4041 if you have more questions.**

## Understand your plan options

# Option 1

## OAP Deductible Plan: A health plan that lets you choose which doctors to see and when

The Open Access Plus (OAP) plan provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services.

With the OAP Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Depending on your plan, once each eligible family member meets his or her deductible – or the family deductible has been met – you pay a percentage of the cost (coinsurance) for your covered health care costs and the health plan pays the rest.\*

**Medical:** Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

**Pharmacy:** Once you reach an annual limit on your payments (pharmacy out-of-pocket maximum), eligible prescription drug costs will be covered at 100%.

### Important features:

- Option to choose a primary care provider to help guide your care. It's recommended, but not required.
- No referral is needed to see a specialist, although precertification may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in- or out-of-network.

- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Depending on your plan, once each eligible family member spends the annual maximum amount – or the family maximum amount has been met – the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- You may enroll in a medical and/or a dependent care flexible spending account.

### Save money to pay for some of your health expenses

You can choose to sign up for a health care flexible spending account (FSA) even if you don't participate in your employer's (or any other) health plan. You will pay less in income taxes and save money to pay for some of your health expenses. If you choose the Deductible Plan, you can use your FSA to pay for your share of office visits and hospital costs, dental treatment, glasses and prescriptions. You will now be able to carry up to \$500 of unused funds over into the next year for your medical flexible spending account (FSA). This will allow you to maximize savings and minimize financial risk.

Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary.

\* If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

## Pay Period Deductions Effective January 1, 2018

	Monthly cost	COUNTY GOVERNMENT	BOARD OF EDUCATION		
		Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$40.00	\$18.46	\$24.00	\$21.82	\$20.00
Employee + 1	\$254.39	\$117.41	\$152.63	\$138.76	\$127.19
Family	\$432.92	\$199.81	\$259.75	\$236.14	\$216.46
Spousal Employee + 1	\$354.39	\$163.56	\$212.63	\$193.30	\$177.20
Spousal Family	\$532.92	\$245.96	\$319.75	\$290.68	\$266.46

\* Classified Employees only \*\* All Educators and 12-month Classified

Per pay period deductions are based on the monthly cost and the number of pay periods in a 12-month period



# Option 2

## OAP Deductible Plan with HSA: A health plan that lets you choose which doctors to see and when

This option combines an Open Access Plus (OAP) plan with a Health Savings Account (HSA) to provide coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services. You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan such as dental and vision expenses. You decide how and when you spend your health plan dollars. Once your HSA account is open, both you and your employer may contribute to your account, up to the current federal limit.

With the OAP Deductible Plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs.

Plan deductible always applies before any coinsurance.

- All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
- This plan includes a combined Medical/Pharmacy plan deductible.

**Medical:** Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.\*

**Pharmacy:** Once you reach an annual limit on your payments (pharmacy out-of-pocket maximum), eligible prescription drug costs will be covered at 100%.

### Important features:

- Option to choose a primary care provider to help guide your care. It's recommended, but not required.
- No referral is needed to see a specialist, although precertification may be required.

- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in- or out-of-network.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Depending on your plan, once each eligible family member spends the annual maximum amount – or the family maximum amount has been met – the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- You may enroll in a dependent care flexible spending account.
- You may not enroll in the medical flexible spending account, if enrolling in this plan.

### Save money to pay for some of your health expenses

You and your employer may contribute to your Health Savings Account up to the current federal limit. The federal limits are \$3,450 for an Individual and \$6,900 for Family in 2018. Employees who are age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year. Your deductible plan with a Health Savings Account combines a high-deductible health plan with a compatible tax-advantaged Health Savings Account. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan such as dental, vision and over-the counter costs.

Remember, this brochure is a guide only. Make sure to read all your enrollment information. Plan details may vary.

\* If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

## Pay Period Deductions Effective January 1, 2018

	COUNTY GOVERNMENT		BOARD OF EDUCATION		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays <sup>1</sup>	Per pay period 22 pays <sup>1</sup>	Per pay period 24 pays <sup>2</sup>
Employee	\$40.00	\$18.46	\$24.00	\$21.82	\$20.00
Employee + 1	\$187.34	\$86.46	\$112.40	\$102.19	\$93.67
Family	\$304.92	\$140.73	\$182.95	\$166.32	\$152.46
Spousal Employee + 1	\$287.34	\$132.62	\$172.40	\$156.73	\$143.67
Spousal Family	\$404.92	\$186.89	\$242.95	\$220.87	\$202.46

\* Classified Employees only \*\* All Educators and 12-month Classified

Per Pay Deductions are based on the monthly cost and the number of pay periods in a 12-month period



## Understand your plan options

# Option 3

## LocalPlus IN Deductible Plan: A health plan that gives you the right mix of health benefits – at the right price

The LocalPlus IN plan provides coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services.

With a LocalPlus IN plan, you have a local network\* comprised of doctors, specialists and hospitals who understand the needs of your community.

### How you can save:

- ▶ In your local area, or when in any LocalPlus Network area, you must receive care from a health care provider or facility in this network to receive in-network coverage.
- ▶ If you're away from home and need care, just look for a participating LocalPlus doctor in the area or if you are outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
- ▶ If you choose to go outside the LocalPlus Network when one is available – or outside the Cigna "Away From Home Care" feature when LocalPlus isn't available – your care will not be covered by the plan (except in an emergency).

With the LocalPlus IN plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan, once each eligible family member meets his or her deductible – or the family deductible has been met – you pay a percentage of the cost (coinsurance) for your covered health care costs and the plan pays the rest.

### Important features

- Option to choose a primary care provider to help guide your care. It's recommended, but not required.

- No referral is needed to see a specialist, although precertification may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in- or out-of-network.
- Access to Cigna's national network of labs, x-ray and dialysis centers.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- You may enroll in a medical and/or a dependent care flexible spending account.

### Save money to pay for some of your health expenses

You can choose to sign up for a health care flexible spending account (FSA) even if you don't participate in your employer's (or any other) health plan. You will pay less in income taxes and save money to pay for some of your health expenses. If you choose the Deductible Plan, you can use your FSA to pay for your share of office visits and hospital costs, dental treatment, glasses and prescriptions. You will now be able to carry up to \$500 of unused funds over into the next year for your medical flexible spending account (FSA). This will allow you to maximize savings and minimize financial risk.

You can view highlights of these plans on pages 10–13.

Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly. Plan details may vary.

\* The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) Network. In this plan, you have access to in-network benefits only from the health care providers and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care providers and facilities, visit Cigna.com. For a paper directory, ask your employer.

LocalPlus plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

## Pay Period Deductions Effective January 1, 2018

	COUNTY GOVERNMENT		BOARD OF EDUCATION		
	Monthly cost	Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays*	Per pay period 24 pays**
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$174.39	\$80.49	\$104.63	\$95.12	\$87.19
Family	\$332.92	\$153.66	\$199.75	\$181.59	\$166.46
Spousal Employee + 1	\$274.39	\$126.64	\$164.63	\$149.67	\$137.20
Spousal Family	\$432.92	\$199.81	\$259.75	\$236.14	\$216.46

\* Classified Employees only \*\* All Educators and 12-month Classified

Per Pay Deductions are based on the monthly cost and the number of pay periods in a 12-month period



# Option 4

## LocalPlus IN Deductible Plan with HSA: A health plan that gives you the right mix of health benefits – at the right price

This option combines a LocalPlus IN plan with a Health Savings Account (HSA) to provide coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy and other services.

With a LocalPlus IN plan, you have a local network\* that is limited to doctors, specialists and hospitals who understand the needs of your community.

### How you can save:

- ▶ In your local area, or when in any LocalPlus Network area, you must receive care from a health care provider or facility in this network to receive in-network coverage.
- ▶ If you're away from home and need care, just look for a participating LocalPlus doctor in the area or if you are outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
- ▶ If you choose to go outside the LocalPlus Network when one is available – or outside the Cigna "Away From Home Care" feature when LocalPlus isn't available – your care will not be covered by the plan (except in an emergency).

With the LocalPlus plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Plan deductible always applies before any coinsurance.

- ▶ All eligible family members contribute toward the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
- ▶ This plan includes a combined Medical/Pharmacy plan deductible. Once each eligible family member meets his or her deductible – or the family deductible has been met – you pay a percentage of the cost (coinsurance) for your covered health care costs and the plan pays the rest.

### Important features

- Option to choose a primary care provider to help guide your care. It's recommended, but not required.

- No referral is needed to see a specialist, although precertification may be required.
- Certain in-network preventive care services are covered at no added cost to you.
- 24-hour emergency care, in- or out-of-network.
- Access to Cigna's national network of labs, x-ray and dialysis centers.
- The amount you pay out-of-pocket is limited by your plan's out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
- No claim paperwork necessary when you receive care in-network.
- You may enroll in a dependent care flexible spending account.
- You may not enroll in the medical flexible spending account, if enrolling in this plan.

### Save money to pay for some of your health expenses

You and your employer may contribute to your Health Savings Account up to the current federal limit. The federal limits are \$3,450 for an Individual and \$6,900 for Family in 2018. Employees who are age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year. Your deductible plan with Health Savings Account combines a high-deductible health plan with a compatible tax-advantaged Health Savings Account. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan such as dental, vision and over-the-counter costs.

\* The LocalPlus Network is smaller than Cigna's national Open Access Plus (OAP) Network. In this plan, you have access to in-network benefits only from the health care providers and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care providers and facilities, visit Cigna.com. For a paper directory, ask your employer.

## Pay Period Deductions Effective January 1, 2018

	Monthly cost	COUNTY GOVERNMENT	BOARD OF EDUCATION		
		Per pay period 26 pays	Per pay period 20 pays*	Per pay period 22 pays**	Per pay period 24 pays**
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + 1	\$107.34	\$49.54	\$64.40	\$58.55	\$53.67
Family	\$204.92	\$94.58	\$122.95	\$111.78	\$102.46
Spousal Employee + 1	\$207.34	\$95.70	\$124.40	\$113.09	\$103.67
Spousal Family	\$304.92	\$140.73	\$182.95	\$166.32	\$152.46

\* Classified Employees only \*\* All Educators and 12-month Classified

Per Pay Deductions are based on the monthly cost and the number of pay periods in a 12-month period

## Understand your health plan options

### Health Savings Account (HSA) employer contributions

For the plan year 2018, Williamson County will make an employer contribution into the HSA of each employee that is enrolled. Contributions for 2018 are a maximum of \$500 for employee only and a maximum of \$1,000 for Employee plus 1 or Family enrollment.

The employer contribution deposit made into the HSA for your 2018 enrollment will be made into your HSA in three equal deposits, based on your enrollment date and coverage type in the Deductible Plan with Health Savings Account for that quarter.

Contributions will be made the "last" payroll of the month indicated below.				
Deposit Dates	January 2018 1st Contribution	May 2018 2nd Contribution	September 2018 3rd Contribution	Maximum Yearly Contribution
<b>WILLIAMSON COUNTY GOVERNMENT</b>				
Employee Only	\$166.66	\$166.67	\$166.67	\$500
Employee + 1 or family	\$333.33	\$333.33	\$333.34	\$1,000
<b>BOARD OF EDUCATION</b>				
Employee Only	\$166.66	\$166.67	\$166.67	\$500
Employee + 1 or family	\$333.33	\$333.33	\$333.34	\$1,000

### For HSA plans only

Generic preventive drugs are provided at no additional cost (90-day supply via retail or home delivery only) for the following: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency.

You and your employer may contribute to your Health Savings Account up to the current federal limit. The federal limits are \$3,450 for an Individual and \$6,900 for Family in 2018. Employees who are age 55 may make an additional catch-up contribution of up to \$1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year. Your deductible plan with Health Savings Account combines a high-deductible health plan with a compatible tax-advantaged Health Savings Account. You can use your account to help pay for some of your covered health costs. You can also use your account to pay for qualified covered health care costs not covered through your health plan such as dental, vision and over-the-counter costs.

By completing your Wellness Physical Exam with your physician that includes biometric screening results and completing the health assessment, you can earn additional funds to be added to your HSA for Employee (\$125) and for enrolled Spouse (\$125) for the year 2018. The health assessment is available on **myCigna.com**.





## Words to know



This guide was created to help you make important decisions about your health care. We think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you'll see in this guide.

**Deductible:** An annual amount you'll pay out-of-pocket before your health plan begins to pay for covered health care costs.

**Copay:** A preset amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance:** Your share of the cost of your covered health care services. The health plan pays the rest.

**Out-of-pocket maximum:** The most you pay before the health plan begins to pay 100% of covered charges. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

**Generics:** Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You'll usually pay less for generic medications.

**Preferred brand:** Preferred brand medications will usually cost more than generics. But may cost less than a non-preferred brand on your plan.

**In-network:** Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network:** A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.

**Non-preferred brands:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred brand medications.

## Review your plan options

### Option 1

### Option 2

	OAP Deductible Plan <sup>2</sup>		OAP Deductible Plan with HSA <sup>2</sup>	
	MEDICAL PLAN HIGHLIGHTS			
	Employee	Family	Employee	Family
<b>Medical deductible</b>				
In-network	\$650	\$1,625	\$1,350	\$2,700
Out-of-network	\$1,500	\$3,750	\$2,700	\$5,400
<b>Out-of-pocket maximum</b>				
In-network <sup>1</sup>	\$2,750	\$5,500	\$2,700	\$5,400
Out-of-network	Unlimited	Unlimited	\$5,400	\$10,800
Total contribution to HSA from employer	\$0	\$0	\$500	\$1,000
Contribution to HSA from employer upon completion of biometric screening and health assessment	Not available	Not available	\$125	\$125 (Spouse only)

### PRESCRIPTION MEDICATION HIGHLIGHTS

Participants must use Cigna in-network pharmacies, there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
Pharmacy deductible	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
Generic	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
Preferred brand	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
Non-preferred brand	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
Out-of-pocket maximum	\$4,000 employee \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Preventive drugs at no additional cost for GENERIC: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

## Option 3

## Option 4

LocalPlus IN Network, Deductible Plan<sup>2</sup>LocalPlus IN Network, Deductible Plan with HSA<sup>2</sup>

## MEDICAL PLAN HIGHLIGHTS

	Employee	Family	Employee	Family
<b>Medical deductible</b>				
In-network	\$650	\$1,625	\$1,350	\$2,700
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
<b>Out-of-pocket maximum</b>				
In-network <sup>1</sup>	\$2,750	\$5,500	\$2,700	\$5,400
Out-of-network	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits	No out-of-network benefits
<b>Total contribution to HSA from employer</b>	\$0	\$0	\$500	\$1,000
<b>Contribution to HSA from employer upon completion of biometric screening and health assessment</b>	Not available	Not available	\$125	\$125 (Spouse only)

## PRESCRIPTION MEDICATION HIGHLIGHTS

Participants must use Cigna in-network pharmacies, there are no benefits for out-of-network pharmacies.

	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home Delivery (90-day supply)
<b>Pharmacy deductible</b>	Not applicable	Not applicable	Not applicable	Combined with medical plan deductible	Combined with medical plan deductible	Combined with medical plan deductible
<b>Generic</b>	\$15	\$15	\$15	30% after deductible	30% after deductible	30% after deductible
<b>Preferred brand</b>	\$30 or 40%, maximum \$100	\$50	\$50	40% after deductible	40% after deductible	40% after deductible
<b>Non-preferred brand</b>	\$45 or 50%, maximum \$150	\$85	\$85	50% after deductible	50% after deductible	50% after deductible
<b>Out-of-pocket maximum</b>	\$4,000 employee \$8,000 family			Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
<b>Preventive drugs at no additional cost for GENERIC: High blood pressure, cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke, prenatal nutrient deficiency</b>	Not available	Not available	Not available	Not available	Covered 100%	Covered 100%

## Review your plan options

### Option 1

### Option 2

	OAP Deductible Plan <sup>2</sup>	OAP Deductible Plan with HSA <sup>2</sup>
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#### OFFICE/ROUTINE CARE – WHAT YOU WILL PAY. IF A DEDUCTIBLE APPLIES, IT WILL BE NOTED.

	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care <sup>3</sup>	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Office visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Specialist visit	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Prenatal care	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Chiropractic	10% after deductible limit 10 days/calendar year	50% after deductible limit 10 days/calendar year	10% after deductible, limit 10 days/calendar year	50% after deductible, limit 10 days/calendar year
Physical, occupational and speech therapy	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Well-child care <sup>3</sup>	Covered 100%	50% after deductible	Covered 100%	50% after deductible
Lab, X-ray, diagnostic tests	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Durable medical equipment	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Hospice care	10% after deductible	50% after deductible	10% after deductible	50% after deductible

#### HOSPITAL CARE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient hospitalization	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient surgery	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Emergency room	\$155 per visit (copay waived if admitted) then 10% after deductible	\$155 per visit (copay waived if admitted) then the 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible

#### MENTAL HEALTH AND SUBSTANCE ABUSE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient (Unlimited day maximum)	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Outpatient	10% after deductible	50% after deductible	10% after deductible	50% after deductible

1. This is the most a family (employees plus covered family members) will pay for in-network out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped by the IRS at \$7,150 for 2018 health plans, overall family in-network costs are capped at \$13,300. The out-of-pocket costs for people with individual coverage are capped at \$6,650. To see examples of how this works, please visit [InformedOnReform.com](http://InformedOnReform.com) > Reform Topics Overview > Cost Sharing Limits, or [Cigna.com/health-care-reform/embedded-oop-customer-impacts](http://Cigna.com/health-care-reform/embedded-oop-customer-impacts).

2. What you'll pay after you meet your deductible. You'll pay 100% of the cost until you meet your deductible.

3. Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

## Option 3

## Option 4

LocalPlus IN Network, Deductible Plan<sup>2</sup>LocalPlus IN Network, Deductible Plan with HSA<sup>2</sup>

## OFFICE/ROUTINE CARE – WHAT YOU WILL PAY. IF A DEDUCTIBLE APPLIES, IT WILL BE NOTED.

	In-network	Out-of-network	In-network	Out-of-network
Adult preventive care <sup>3</sup>	Covered 100%	No coverage	Covered 100%	No coverage
Office visit	10% after deductible	No coverage	10% after deductible	No coverage
Specialist visit	10% after deductible	No coverage	10% after deductible	No coverage
Prenatal care	10% after deductible	No coverage	10% after deductible	No coverage
Chiropractic	10% after deductible, limit 10 days/calendar year	No coverage	10% after deductible, limit 10 days/calendar year	No coverage
Physical, occupational and speech therapy	10% after deductible	No coverage	10% after deductible	No coverage
Well-child care <sup>3</sup>	Covered 100%	No coverage	Covered 100%	No coverage
Lab, X-ray, diagnostic tests	10% after deductible	No coverage	10% after deductible	No coverage
Durable medical equipment	10% after deductible	No coverage	10% after deductible	No coverage
Hospice care	10% after deductible	No coverage	10% after deductible	No coverage

## HOSPITAL CARE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient hospitalization	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient surgery	10% after deductible	No coverage	10% after deductible	No coverage
Emergency room	\$155 per visit (copay waived if admitted), then 10% after deductible	\$155 per visit (copay waived if admitted), then 10% after deductible	10% after deductible	10% after deductible
Urgent care center	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible

## MENTAL HEALTH AND SUBSTANCE ABUSE – WHAT YOU’LL PAY ONCE YOU MEET YOUR DEDUCTIBLE

Inpatient (unlimited day maximum)	10% after deductible	No coverage	10% after deductible	No coverage
Outpatient	10% after deductible	No coverage	10% after deductible	No coverage



## Get smarter about ways to stay healthy

With Cigna, we'll help you have more control over your health care. And we'll be here to help you understand your options and choose the care that best fits your, and your family's, needs – and budget.

## Here are a few easy ways you can save on out-of-pocket health care expenses if you enroll in a health plan.

### Stay in-network

Save big when you use a doctor, hospital or facility that's part of your plan's network. Chances are, there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care right where you need it.

### Consider using an urgent care center

If you need medical attention, but it's not serious or life threatening, you may not have to go to an emergency room (ER). An urgent care center provides quality care like an ER, but can save you hundreds of dollars. Visit an urgent care center for things like minor cuts, burns and sprains, fever and flu symptoms, joint or lower back pain and urinary tract infections.

### Consider using a convenience care or retail clinic

Need to see your doctor immediately but can't get an appointment? Try going to a convenience care clinic. You'll get quick access to quality, cost-effective medical care. A convenience care clinician can treat you for sinus infections, rashes, earaches, minor burns and other routine medical conditions. You can find convenience care clinics in pharmacies, grocery stores and other retail stores.

### Stick with lower-cost labs

If you go to a national lab, such as Quest Diagnostics® or Laboratory Corporation of America (LabCorp), you can get the same quality service and save up to 75%. Even though other labs may be part of the Cigna network, you'll often get even bigger savings when you go to a national lab. And with hundreds of locations nationwide, they make it easy to get lab services at a lower cost. *(Savings estimate is based on national 2016 averages of participating facilities. Savings will vary.)*

### Visit independent radiology centers

If you need a CT scan or MRI, you could save hundreds of dollars by using an independent radiology center. These centers can provide you with quality service like you'd get at a hospital, but usually at a lower price.

### Choose the right place for your colonoscopy, endoscopy or arthroscopy

When you choose to have one of these procedures at an in-network freestanding outpatient surgery center, you could save hundreds of dollars. These facilities specialize in certain types of outpatient procedures, and offer quality care, just like a hospital, but at a lower cost to you.

## Prescription drug coverage

### Your plan's drug list

Your prescription drug list is a complete listing of covered generic and brand-name medications. You can search for a specific medication or view your plan's drug list on **myCigna.com**.

### Cigna 90 Now

Your plan includes a maintenance medication program called Cigna 90 Now<sup>SM</sup>. These are the medications you take every day to treat an ongoing health condition such as diabetes, high blood pressure, high cholesterol or asthma. Cigna 90 Now offers you choice in where you can fill your prescriptions for maintenance medications. You can use a network retail pharmacy or Cigna Home Delivery Pharmacy<sup>SM</sup>. Choose the pharmacy that works best for you.

Under your plan, maintenance medications have to be filled in a 90-day supply. You also have to fill your prescription at a 90-day retail pharmacy in your plan's network, or Cigna Home Delivery Pharmacy. Filling your prescription in a 90-day supply helps make life easier. You'll make fewer trips to the pharmacy, and you'll feel better because you're less likely to miss a dose.\*

Most plans require that prescriptions be filled at an in-network pharmacy to receive coverage under the plan. If you fill a prescription at a pharmacy that's not in your plan's network, it may not be covered or you may pay more out-of-pocket. See your plan materials for details.

### Use the pharmacy tools on myCigna.com to better understand your coverage

To help you stay healthy and manage your family's prescription medication needs, you have access to many online resources and tools on **myCigna.com**. Here you can:

- Review your specific pharmacy coverage details
- Search for a medication or view your plan's prescription drug list
- Track your pharmacy expenses, claims and account balances
- Use the Drug Cost tool to estimate medication costs, search for lower-cost alternatives (if available) and find pharmacies

- Learn more about Cigna Home Delivery Pharmacy! We do the work – we'll call your doctor's office to transfer your prescription to Cigna. You can order refills, track your shipments, and talk with your pharmacist at anytime, day or night.
- You can also use the myCigna<sup>SM</sup> App to access these features when you're on the go.

## Flexible Spending Account

### Save money to help pay for some of your health expenses

You can choose to sign up for a health care Flexible Spending Account (FSA) even if you don't participate in your employer's (or any other) health plan. You can pay less in income taxes and save money to pay for some of your health expenses.

It's important to plan carefully, so you don't put more money in your FSA than you think you'll need. You can carry over up to \$500 of unused money to the following year. This means you have less risk of losing any unused funds and more control and flexibility in managing your out-of-pocket health care expenses. It also means that you can take advantage of valuable tax savings and worry less about losing your hard-earned money.

Medical FSA maximum contribution for 2018 is \$2,500. If you are enrolling in the Deductible Plan with HSA, you may not enroll in the medical FSA.

Dependent care FSA maximum for 2018 is \$5,000.

## Cigna Telehealth Connection

### 24/7 access by phone or online video chat

As part of your medical plan, you can get in touch with a board-certified doctor who can help treat minor conditions and prescribe medication if needed. You will get an appointment in an hour or less, anytime, day or night. So, whether you're at home, at work or on vacation, and you can't see your doctor, Cigna Telehealth Connection is available. Prescriptions are not guaranteed to be written and telehealth services may not be available in all areas. Video chat may not be available in all areas or with all providers. See your enrollment materials for details.

\* Internal Cigna analysis performed March 2016, utilizing 2015 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply.

## Get smarter about ways to stay healthy

### Find a doctor on Cigna.com in the LocalPlus network.

Check to see if your doctor is in-network at **Cigna.com**.

1. Go to **Cigna.com**
2. Click on “Find a Doctor”
3. Click on “For plans offered through work or school”
4. Enter the requested details for your search
5. Select “LocalPlus” and click on “Select”
6. Click on “Search” to see a list of network doctors near you

### Know your numbers

Staying healthy is important and knowing certain test results will help you and your doctor better understand your health. When you receive your results, here are some numbers you should keep in mind.

- › **Blood pressure** ideally should be lower than 120/80.
- › **Body Mass Index (BMI)** will vary by gender and age but, generally, falls between 18.5 and 24.9.
- › **Glucose level** ideally should be between 70–110 mg/dl.
- › **A healthy total cholesterol level** is a reading of less than 200 mg/dl.

If you find you need to work on any of these numbers, talk with your doctor. You may also benefit from some of the following suggestions.

- › Increase your intake of fruits, vegetables, fish and fiber.
- › Choose healthy carbohydrates and eat more foods that are low in saturated fat and high in soluble fiber.
- › Eat small, more frequent meals – and never skip breakfast.
- › Maintain a healthy body weight and exercise at least 30 minutes, five days a week.

### Cigna Healthy Pregnancies, Healthy Babies®

#### Help for a healthier pregnancy

When you’re expecting a baby, you have a lot to look forward to. You also have a lot of decisions to make – and probably a lot of questions to ask. Your medical plan through Cigna includes a program to help you throughout your pregnancy and in the days and weeks following your baby’s birth. Enrolling in the Cigna Healthy Pregnancies, Healthy Babies program gives you additional support at no extra cost to you.

- › A member of our team will ask you questions about your health and help you understand any health issues that could affect your baby. You can also ask your own questions and get information to help you make informed choices about your pregnancy.
- › Based on your situation, a Cigna nurse will provide additional guidance and support to help you and your doctor develop a care plan that meets your unique needs. Your nurse will continue to follow up and provide support throughout your pregnancy.
- › You’ll also receive a kit with useful information, tips and resources to help guide you throughout your pregnancy and after you give birth.

When you participate and complete the Cigna Healthy Pregnancies, Healthy Babies program, you also may be able to receive:\*

- › \$150 incentive for enrolling by the end of your first trimester
- › \$75 incentive for enrolling by the end of your second trimester

To learn more information about our Healthy Pregnancies, Healthy Babies program, please call us at **800.615.2906**.

\* Incentive rewards may be considered taxable income. Please contact your tax advisor for details.

## Make sure you read this important information

### What's not covered\*

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer's medical plan, unless required by law.

- › Services provided through government programs
- › Services that aren't medically necessary
- › Experimental, investigational or unproven services
- › Services for an injury or illness that occurs while working for pay or profit, including services covered by workers' compensation benefits
- › Cosmetic services
- › Dental care, unless due to accidental injury to sound natural teeth
- › Reversal of sterilization procedures
- › Genetic screenings
- › Custodial and other non-skilled services
- › Weight-loss programs
- › Hearing aids
- › Treatment of sexual dysfunction
- › Travel immunizations
- › Telephone, email and Internet consultations in the absence of a specific benefit
- › Treatment of TMJ disorder
- › Acupuncture
- › Infertility services
- › Obesity surgery and services
- › Eyeglass lenses and frames, contact lenses and surgical vision correction

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example HRA, HSA or FSA) if you have one, if permitted under applicable federal tax regulations.

- › Not all drugs are covered. For example, nonprescription and antiobesity drugs are generally not covered. Plans may vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example HRA, HSA or FSA) if you have one, if permitted under applicable federal tax regulations.

\*This is a summary only and your plan's actual terms may vary. For a complete list of both covered and not-covered services, including benefits required by your state, please see your employer's insurance certificate or summary plan description – the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.

## Important notice: special enrollment requirements

### If you are declining enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- ▶ You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your, or your dependents', other coverage). However, you must request enrollment within 30 days after your, or your dependents', other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

*To request special enrollment or obtain more information, call our Customer Service Team at **800.Cigna24 (800.244.6224)**.*

### Other late entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your benefit plan. Please contact your plan administrator for more information.

### Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- ▶ All stages of reconstruction of the breast on which the mastectomy was performed
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ▶ Prostheses
- ▶ Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call Customer Service at **800.Cigna24 (800.244.6224)**.



# Enrollment checklist and choice deadline



**This is one of the most important decisions you'll make this year.  
These steps will help you choose wisely.**

- ☐ Think about your health history and health care needs.  
How much do you spend, on average, for health care?  
How might that change in the upcoming year?
- ☐ Check the online directory on **Cigna.com** to see if your doctor participates in our network.
- ☐ Review page 15 of this guide to understand how a Flexible Spending Account works with your HSA and if it's right for you.
- ☐ Visit **myCigna.com** to compare prescription drug prices or to see if your medicine is covered.

**Call the preenrollment hotline at 800.Cigna24 (800.244.6224) if you have questions.**

# A HEALTHIER PARTNERSHIP STARTS HERE.

Preparing for a doctor's visit is an important step in taking control of your own health. Spend time thinking about what questions you want to ask. Your doctor will welcome your active participation. Here are some simple steps you can take to make the most of your visit.



## MAKE A LIST.

Prepare for your visit by writing down your most important questions and concerns. Put them in order of importance. This will help make sure you don't spend too much time talking about less important things – or run out of time before you get to what really matters to you.



## PREPARE TO SHARE.

The best way for your doctor to get a full picture of your health is by examining you and then talking with you. Be prepared to share your basic health history. If you have a complex health history, bring the contact information of your other doctors.



## DEAL WITH PAPERWORK EARLY.

If you need any paperwork completed – school physicals, disability forms, etc. – let your doctor know early in the visit. Lengthy paperwork often requires your input too, so plan for enough time during the visit to fill in the information.



## UNDERSTAND YOUR COVERAGE.

Knowing how your health plan works can help your doctor get through the necessary paperwork quickly and efficiently. Also, don't forget to bring your Cigna ID card. It has the information your doctor will need to process any claims.



## FIND THE RIGHT FIT.

You should leave your doctor's office feeling like your concerns were heard and addressed. Together, you and your doctor should come up with a health care plan that fits your needs.

**Develop a good relationship with your doctor.  
It can help you live a healthier life.**

**Together, all the way.®**



The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If there are any differences between the information in this brochure and the official plan documents, the terms of the plan documents will apply. If you need more assistance, talk with your human resources representative.

Quality designations, cost-efficiency and other ratings found in Cigna's online provider directories should not be the sole basis for decision making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and consult with their physician when selecting a provider or facility. Providers and facilities that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

The medical plans offered to eligible employees are self-insured by Williamson County and administered by Cigna Health and Life Insurance Company.

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